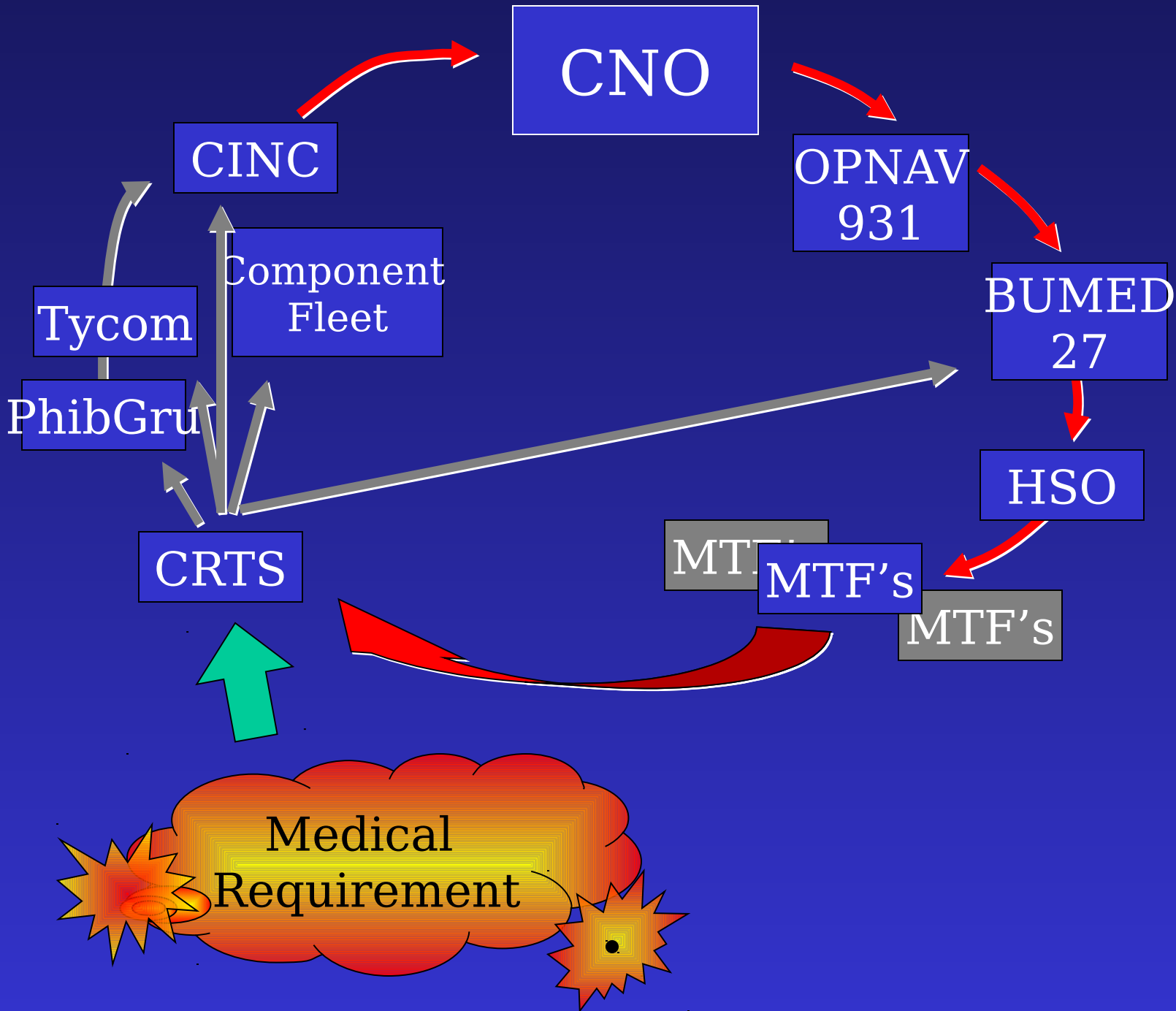
Medical Augmentation Program (MAP)

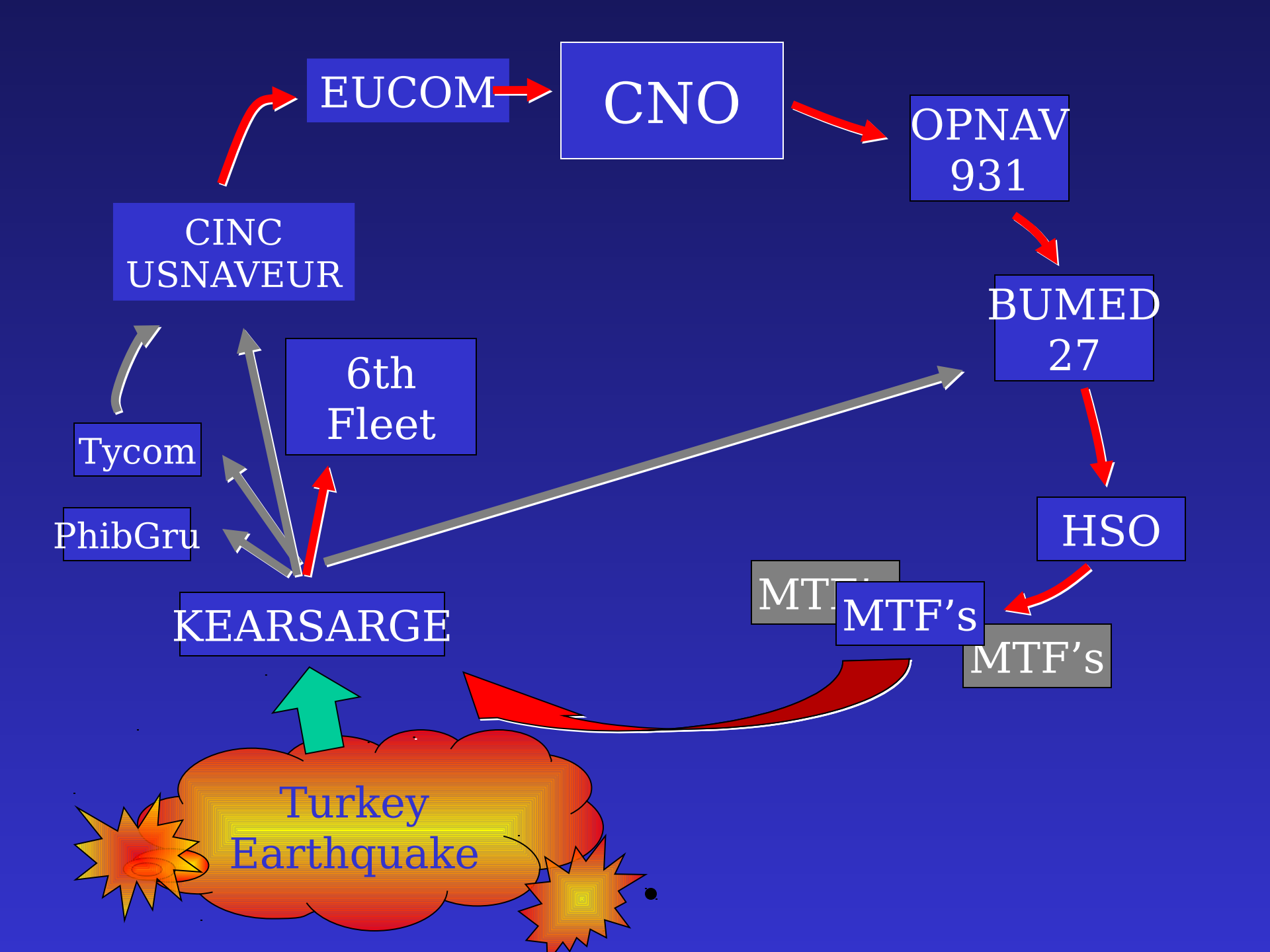
M+1 Manning for CRTS

CAPT Jeffrey M. Young, MC, USN
Surface Warfare Medicine Institute

Objectives

- Discuss DoD and BUMED MAP Instructions
- Compare the four principle Operational Platforms to which Naval personnel will deploy
- Provide brief background on how CRTS MAP Manning was derived
- Describe current MAP billets
- List CRTS Platforms and sourcing commands
- Briefly discuss the future for CRTS MAP training


CNO
CINC
OPNAV
931
Component
Fleet
Tycom
BUMED
27
PhibGru
HSO
CRTS
MTF's
MTF's
Medical
Requirement


EUCOM
CNO
OPNAV 931
CINC USNAVEUR
BUMED 27
6th Fleet
Tycom
PhibGru
HSO
KEARSARGE
MTF's
MTF's
Turkey Earthquake

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Military Department (the Navy) shall program for medical personnel to train with their designated operational unit at least every three years for a minimum of five days

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Healthcare personnel shall receive an orientation to assigned billet for mobilization and an annual operational unit mission briefing.
- The goal is to conduct training in the environment and with the type equipment that the member will use on deployment.

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Annual Requirement -- at least five days
- Focus on participative, hands-on, and team-building unit training
- With the unit (or like unit) with which they will deploy

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- *Annual* Sustainment training shall be related to members operational billet … to properly execute … health service support mission
- Annual sustainment training can include
  - classroom instruction
  - field exercises
  - mission support

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Initial training
- Annual sustainment training - 5 days
- Platform training minimum of every three years

DoD Mandate

DoD INST 1322.24 (20 Dec 95)

- Annual fitness reports shall include a statement of medical readiness training compliance.

Military Augmentaton Program

BUMED INST 6440.5series

- Guidelines for medical manpower augmentation for situations ranging from limited contingencies to global warfare.

Military Augmentaton Program

BUMED INST 6440.5series

- CNO (OPNAV 931)
- Chief, BUMED (MED 27)
- NMIMC
- Healthcare Support Offices (HSO’s)
- Sourcing Commands
- Deployable personnel

What are the platforms?

- T-AH
- Fleet Hospitals
- MARFOR
  - MAW
  - Division
  - FSSG (Med Battalion)
- CRTS

Why the numbers? Why the mix?

- CRTS MAP based on ROC/POC

	OR	ICU	Ward	Overflow
• LHD	6	17	45	540
• LHA	4	17	45	360

ROC/POE plus AMMAL

- AMMAL block designed to care for
- 300 casualties
  - 100 surgical cases
  - 200 DNBI

Original CRTS MAP

- LHD 242
- LHA 168

?

Evolution

Proposed ROC/POE

	OR	ICU	Ward	Overflow
• LHD	4	15	45	zero
• LHA	4	15	45	zero

Evolution is a powerful force ...

CAPT Jerry Ragland MC USN
CNSP Surgeon
Speaking to CATF Surgeon students about operational realities

Current CRTS MAP

- LHD 84
- LHA 84

? Is this right yet?

Current MAP Billets

- MO - 11
  - 2 Internal Med
  - 1 Psychiatrist
  - 3 Anesthiologists
  - 3 General Surgeons
  - 2 Ortho
- Dental
  - 1 Oral Max Surgeon
- Med Service Corps
  - 1 Med Technologist

Billets

- NC - 22
  - 1 Chief Nurse
  - 6 Critical Care
  - 5 Perioperative
  - 2 Ambulatory Care
  - 6 Staff Nurse
  - 2 Nurse Anesthetist

Billets

HM - 48

- 24 Quad 0
- 2 Med Reg
- 2 Xray
- 1 Biomed Tech
- 1 Pharm
- 10 Surg Tech
- 2 Psych
- 2 Ortho
- 1 Med Lab
- 3 Resp Therapist

Component UIC's

- Implemented Oct 2000
- Personnel assigned to Sourcing Command will also be assigned to a component UIC that identifies their platform assignment
- Identifies platform assignments by billet sequence code.

Still, manpower engineering problems at the local lev

Readiness Metrics

Does it really reflect readiness ? ?

- Tracked by Standardized Personnel Management System (SPMS)
  - MTF POMI
  - Followed by MED 27
- P Status (% of MAP billets filled)
  - P1 > 90% fill
  - P4 < 69% fill
- T Status (Individual & Unit Training)
  - T1 > 85% trained
  - T4 < 54% trained
- R Status (Records)
  - PE, Dental, PSD, Manpower, MMPO, Family Care, etc

Platforms / Sourcing Commands

West Coast

- Tarawa Gr Lakes + 5
- Peleliu San Diego + 6
- Essex San Diego
- Boxer Gr Lakes
- B’ Rich San Diego + 6
- BWD NNMC + 4

East Coast

- Saipan Ports + 5
- Nassau Jax + Mill
- Wasp NNMC + 3
- Kearsarge Ports + 5
- Bataan Ports + 6

Per LCDR Guzman, 3/26/99
Med 27

Platforms / Sourcing Commands

San Diego
- Boxer
- BHR
- Belleau Wood
- Tarawa
- Peleliu

Portsmouth
- Kearsarge
- Saipan
- Bataan

Bethesda
- Wasp
- Essex

Jacksonville
- Nassau

What are some of the realities?

- Attrition of Platform personnel - 30%
- Skills mix of platform personnel

  No hx of operational experience

  Officer: 50%?

  Enlisted: 50%

  NOBC/NEC consistancy

  Officer: 80%

  Enlisted: 60%

What are some of the realities?

- Difficulties scheduling training
  - Changing OPTEMPO of CRTs
  - Other MTF MAP training scheduling conflicts
  - Hosp backfill requirements
- East coast refuses to allow at-sea medical training of CRTS MAP
- Only CRTS MAP training west coast associated with Kernel Blitz
- Forward-deployed Okinawa/Sasabo CRTS - no scheduled training

What has been accomplished?

- Curriculum solidifying
- Three CRTS MAP trained
  - BOXER, PELELIU, KEARSARGE
  - ESSEX sched for KB-99
- BUMED, HSO's, CPG's, and MTF's becoming accustomed

What has been accomplished?

- Recognition by CO’s/XO’s of a real means to accomplish CRTS secondary mission
- Just-in-time trained MAP that is really oriented to that particular ship
- MTF commander meeting training requirement.

What do the trainees get out of this?

- Comments of trainees
- List of ship-specific training items - OBS, man overboard, mass casualty., etc

Future

- Timing of the training
- Pierside vs Underway
- How to do Sustainment training (??)
- Better defined role of Senior Leadership Element
- Assure T-1 really means that you are ready to deploy

Questions

?